

STATE OF WEST VIRGINIA  
DIVISION OF MOTOR VEHICLES  
TITLES AND REGISTRATION DIVISION

Fee \$50.00

**Application for a Sixty Day Non-Resident Special Permit**

**Please type or print in blue or black ink only**

The undersigned owner(s) of the described vehicle hereby makes application for a sixty day nonresident special permit for that vehicle, and certifies the following facts:

Name \_\_\_\_\_  
(Name of applicant must be same as shown on registration card issued in state of residence)

West Virginia Address \_\_\_\_\_  
Street City County State Zip

State of Residence Address \_\_\_\_\_  
Street City County State Zip

Complete description of Vehicle for which Application is made.

Make \_\_\_\_\_ Year \_\_\_\_\_ Body Style \_\_\_\_\_ Serial No./Vin \_\_\_\_\_

State in which vehicle is currently titled and registered \_\_\_\_\_

License No. \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Describe briefly the nature of your work \_\_\_\_\_  
\_\_\_\_\_

Is your employment or business in West Virginia --

(a) Temporary? \_\_\_\_\_ Period by Dates \_\_\_\_\_

(b) Recurrent? \_\_\_\_\_ Why \_\_\_\_\_

(c) Seasonal? \_\_\_\_\_ Why \_\_\_\_\_

(d) Frequency of periods of such employment or business \_\_\_\_\_

Title of your occupation \_\_\_\_\_ Are you self employed? \_\_\_\_\_

If not, give name of employer \_\_\_\_\_  
(Individual, Company, or Corporation)

Name and address of your immediate supervisor \_\_\_\_\_

Do you plan to be self employed or employed by any other individual, company or corporation sixty days from date of application? \_\_\_\_\_ If answer is yes, name and address of same \_\_\_\_\_  
\_\_\_\_\_

A certificate of insurance must be presented with this application. There is a .50¢ insurance fee, for recording the certificate.

I hereby state, under penalty of false swearing, that the statements made herein are true and correct to the best of my knowledge and belief, and do hereby understand that any false statements may result in legal penalties pursuant to West Virginia Motor Vehicle Law §17A-9-1; Fraudulent Applications.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This will verify the statements made by the applicant on the reverse side of this application relative to his employment by undersigned.

(Title of Officer)

[illegible]